



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL (TERRE HAUTE)

City of Hospital: Terre Haute

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

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Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$511562339
Outpatient Patient Service Revenue	\$863300072
Total Gross Patient Service Revenue	\$1374862411

2. Deductions From Revenue

Contractual Allowance	\$911774150
Other Deductions	\$39855788
Total Deductions	\$951629938

3. Total Operating Revenue

Net Patient Service Revenue	\$423232473
Other Operating Revenue	\$13913394
Total Operating Revenue	\$437145867

4. Operating Expenses

Salaries and Wages	\$107612688	Employee Benefits	\$28180934
Depreciation and Amortization	\$19325807	Interest Expense	\$11669159
Bad Debt	\$0	Other Expenses	\$272888926
Total Operating Expenses	\$439677514		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2531647	Total Assets	\$468789417
Net Non-operating Gains over Loss	\$7025340	Total Liabilities	\$322857909

Total Net Gains	\$4493693
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$688256123	\$507963080	\$180293043
Medicaid	\$234139068	\$189321730	\$44817338
Other Government	\$29009597	\$0	\$29009597
Other State	\$24472551	\$22375217	\$2097334
Other Payers	\$398985072	\$193614119	\$205370953
Total	\$1374862411	\$913274146	\$461588265

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$129565	\$-129565

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$156681	\$-156681

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3018479	\$7406678	\$-4388199
Hospital Patients	\$0	\$3918415	\$-3918415
Community Education	\$0	\$43169	\$-43169

Number of Medical Professionals Trained	59227
Number of Hospital Patients Educated	346662
Number of Citizens Exposed to Health Education Messages	2514

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3987409	
HCI Payments	\$0		
Subtotal	\$0	\$3987409	\$-3987409
Medicaid Shortfalls	\$0	\$22877335	
Subtotal	\$0	\$26864744	\$-26864744
DSH Payments	\$0		
Subtotal	\$0	\$26864744	\$-26864744
Medicare Shortfalls	\$0	\$182145915	
Other Government Programs	\$0	\$0	
Total	\$0	\$209010659	\$-209010659

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$8960623	\$-8960623
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$847339	\$-847339
Other Allocations	\$0	\$0	\$0

Comments

Have filed extension for 990. Will complete the remainder once 990 has been filed.

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